

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LL G		3/9/03
O.I.P.E. CLASSIFIER		LS	3/9/03
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		6-1694	3-50

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final Original	2/22/03
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If more than 150 claims or 10 actions  
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